



State of Hawaii
COMMISSION ON WATER RESOURCE MANAGEMENT
Department of Land and Natural Resources
APPLICATION FOR WATER USE PERMIT

☐ Groundwater or ☐ Surface Water

For Official Use Only:

Instructions: Please print in ink or type and send 15 copies of completed application with attachments to the Commission on Water Resource Management, P.O. Box 621, Honolulu, Hawaii 96809. Application must be accompanied by a non-refundable filing fee of \$25.00 payable to the Dept. of Land and Natural Resources. The Commission may not accept incomplete applications. For assistance, call the Regulation Branch at 587-0225. For further information and updates to this application form, visit <http://www.hawaii.gov/dlnr/cwrm>.

PERMITTEE INFORMATION

1. (a) APPLICANT	(b) LANDOWNER OF SOURCE
Firm/Name _____	Firm/Name _____
Contact Person _____	Contact Person _____
Address _____	Address _____
Phone _____ Fax _____	Phone _____ Fax _____
E-mail _____	E-mail _____

SOURCE INFORMATION

2. WATER MANAGEMENT AREA: _____ ISLAND: _____

3. (a) EXISTING WELL/STREAM DIVERSION NAME AND STATE NUMBER: _____
(If source doesn't presently exist, please attach well construction/stream diversion permit or application.)

(b) PROPOSED (NEW) WELL/STREAM DIVERSION NAME: _____

(c) LOCATION: Address _____ Tax Map Key: _____ - _____ - _____ : _____
(Attach and show source location on a USGS map, scale 1"=2000', and a property tax map)

4. SOURCE TYPE (check one): ☐ Stream ☐ Basal ☐ Dike-confined ☐ Perched ☐ Caprock

5. METHOD OF TAKING WATER (check one): ☐ Artesian ☐ Well & Pump ☐ Diverted Surface ☐ Other (explain)

6. SPECIAL MANAGEMENT AREA PERMIT (SMAP)
☐ Required, SMA # _____ date approved _____
☐ Not Required (attach documentation from applicable County agency)
☐ I have not checked with the county about whether or not an SMA Permit is required. I understand that checking with the County prior to making this application will expedite my review. I further understand that issues raised by this agency may delay or result in denial of the permit issuance, or revocation of the permit after it is issued.

USE INFORMATION

7. LOCATION OF PROPOSED WATER USE: (If possible, show on same maps as source location. Otherwise, attach similar maps)
(a) ☐ PUC-Regulated Private System ☐ Intended Dedication to Dept. /Board of Water Supply ☐ Non-PUC-Regulated Private System
(b) Tax Map Key: Please complete Table 1 on back of application and shade applicable portion of property tax map.

8. QUANTITY OF WATER REQUESTED: _____ gallons per day (averaged over 1 year)

9. METHOD OF MEASUREMENT: ☐ Flowmeter ☐ Open-pipe ☐ Weir ☐ Orifice ☐ Other (explain)

10. QUALITY OF WATER REQUESTED: ☐ Fresh ☐ Brackish ☐ Salt ☐ Potable ☐ Non-Potable

11. PROPOSED USE: ☐ Municipal (including hotels, stores, etc.) ☐ Individual Domestic ☐ Irrigation
☐ Industrial ☐ Military ☐ Other Explain

12. PROPOSED TIME OF WATER WITHDRAWAL OR DIVERSION: _____
(daytime hours of operation; example, 7 a.m. to 2 p.m.)

13. APPLICANT MUST ESTABLISH THAT THE PROPOSED USE OF WATER:

(a) Can be accommodated with the available water source.
(b) Is a reasonable-beneficial use.*
(c) Will not interfere with any existing legal use.
(d) Is consistent with the public interest.
(e) Is consistent with state and county general plans and land use designations.
(f) Is consistent with county land use plans and general policies.
(g) Will not interfere with the rights of the Department of Hawaiian Home Lands.

* Section 13-171-2, Hawaii Revised Statutes –
“**Reasonable-beneficial use**” means the use of water in such a quantity as is necessary for economic and efficient utilization, for a purpose, and in a manner which is not wasteful and is both reasonable and consistent with the state and county land use plans and the public interest.

14. REMARKS, EXPLANATIONS: _____

15. ☐ By checking this box, you acknowledge that you are responsible for paying the public notice fee associated with this application, and you will follow later instructions by staff regarding payment of these fees. If you do not check this box, your application will not be accepted as complete.

NOTE: Signing below indicates that the signatories understand and swear that: 1) the information provided on this application is accurate and true to the best of their knowledge; 2) Item 14 is the responsibility of the applicant prior to Commission approval ; 3) If necessary, further information may be required before the application is considered complete; 4) If a water use permit is granted by the Commission, this permit is subject to prior existing permitted uses, changes in sustainable yields and instream flow standards, reserved uses as defined by the Commission, and Hawaiian Home Lands future uses; and 5) Upon permit approval, a water shortage plan must be submitted by the applicant should the Commission require one.

Applicant (print) _____	Landowner (print) _____
Signature _____	Signature _____
Date _____	Date _____

TABLE 1. TMKs TO USE REQUESTED WATER

1	2	3	4	5	6	7	8	9	10	11	12	13	14
PROJECT NAME & PHASES (Include address if applicable) Identify project no. on TMK map	EXISTING or NEW USE (If existing, fill in date of first use)	POTABLE or NONPOTABLE	TMK	STATE LUD	CURRENT COUNTY ZONING CODE	SPECIAL MANAGEMENT AREA PERMIT REQUIRED? (Y/N)	UNITS or NET ACRES	GPD/UNIT or GPD/ACRE	4-YEAR CUMULATIVE PROJECTED DEMAND				ULTIMATE DEMAND GPD (TO BUILD OUT)
									YEAR 1 (year)	YEAR 2 (year)	YEAR 3 (year)	YEAR 4 (year)	
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2.													
3.													
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5.													
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8.													
9.													
10.													
11.													
12.													
13.													
14.													
TOTAL GPD													

Instructions for completing Table 1: Individual projects and phases must be listed separately and numbered sequentially on Table 1. Copy Table 1 and attach additional sheets if necessary. Please indicate individual projects and phases on TMK maps by clearly delineating project areas and indicating sequential number within delineated areas to coincide with Table 1. Please attach a separate sheet giving the address and a brief description of each project and phase listed above. In addition, if the proposed use is existing, please provide the WUP No. or indicate when the existing use was initiated.